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IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Joe Butcher DATE 2/25/91 PERMIT NO. 2N-3-A-268

PHONE: Business _____ Home 919-945-3491

LOCATION Hermenca Rd., 150 W, TR ON WADDELL RD, (R) ON HERMANCE TO 3RD DRIVE ON (L) TO END ON (R) BELOW ROAD S. R. No. 1451

SUBDIVISION NAME N/A LOT NO. N/A SECTION OR BLOCK NO. ~~1457~~

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable EXISTING Yes ( ) No ( )

Character & Porosity of Soil clay

Percolation Rate _____

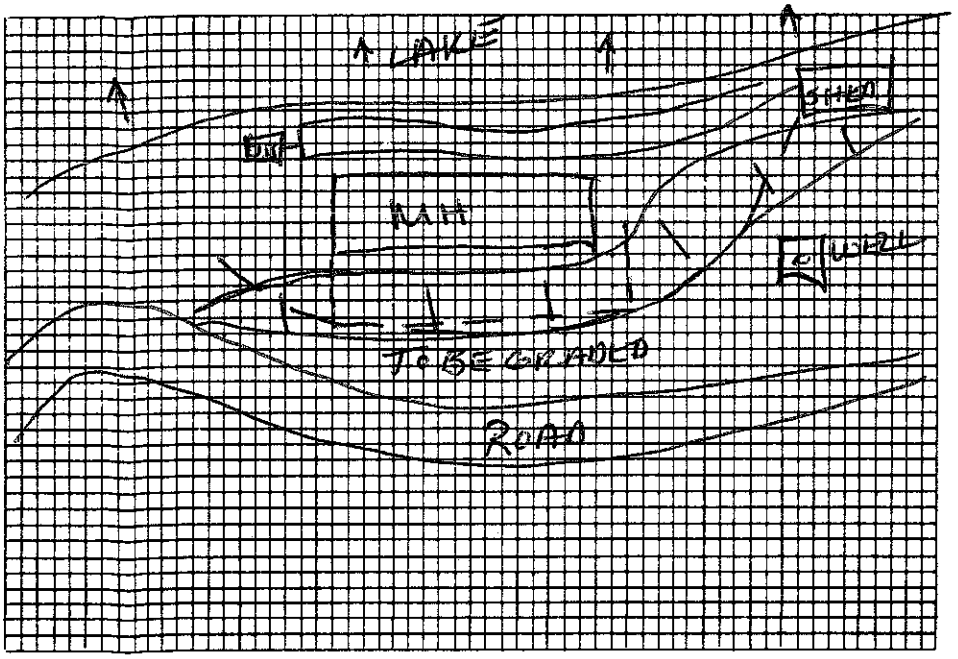
Topography Existing

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Existing Gals.

Nitrification Field:

No. of Lines 3 lines - 75 lnd

Sq. Ft. 600 Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: No visible evidence of malfunction on this date. Extensive grading to be done - no fill dirt should be placed over septic tank or drainfield. Keep trailer 5' minimum from S/T and drain lines.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Wesley Sparks R.S. DATE 2/25/91

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold